**Trichomoniasis, or Canker**

**by Dr Harry Cooper B.V.Sc.**

**Trichomoniasis**, or **Canker,** as we like to call it today, is a real 'pain in the neck'. I find it to be the most common problem that I encounter in avian practice.   
The disease has been around for centuries. In ancient literature on falconry there are many mentions of a problem then called "frounce". The pigeon fraternity too has long recognized the disease as "canker", although to many this also suggests an infection in the ear of a dog or cat. The word canker probably describes the disease fairly well and conjures up in my mind an ugly ulcerating sore and this is exactly what we find in the throats of poor infected budgerigars.

The symptoms are many and varied. The birds huddle up and appear to have diarrhoea, some may vomit either whole seed or mucous or a mixture of both. Some poor specimens hover over the seed containers, furiously trying to eat. Babies may die in the nest at any age and show very little in the way of symptoms. Peculiarly enough, it seems to strike hens far more frequently than cocks. The birds lose massive quantities of weight, often the keel bone feels like a razor. In some cases the crop is filled with a sticky mucous material, in others it's just empty. You may be lucky enough to feel a thickened area in the neck region or in the crop itself, but as often as not there is very little except a very skinny bird with the inevitable diarrhoea. You see, the poor little bludgers are starving to death. Yes, even when starving the birds get diarrhoea because all they can do is drink.

The disease is caused by a tiny parasite called a protozoan, in the same general group as the coccidia about which I've spoken earlier, but unlike the coccidia these parasites are capable of swimming. They are microscopic in nature and move forward in a sort of spinning motion with the aid of a beating membrane attached to their bodies. There's considerable difference of opinion as to the method of infection but it seems logical to me (and backed by years of experience) that the parasite is taken in by mouth, probably from contaminated drinking water that has been infected by a carrier bird. It seems likely that the parasite simply swims out of the mouth of the infected bird into the drinking water, soon to be swallowed by another bird in which an infection will subsequently develop. The parasite quickly buries itself in the lining of the upper part of the digestive tract, or oesophagus as we call it. The area may be anywhere between the back of the tongue right down through the crop to almost the entry to the gizzard. In fact many lesions occur right under the heart, making them very hard to find sometimes unless the autopsy is done thoroughly.

Diagnosis is mainly done at autopsy. The dead birds are nearly always in very poor condition. I generally open up the mouth area and the oesophagus first and it is here that the lesions are most commonly seen. The throat area is covered by patches of creamy yellow cheese like material that is often very hard to remove. These areas are generally folded in a longitudinal manner following the axis of the oesophagus. Lesions in the crop are less well organized, but we usually proceed to open up the remainder of the bird and search for other areas further down the oesophagus. I have not seen any sites beyond the gizzard area. In nestlings the lesions can often be seen through the semi transparent skin of the bird and appear as reddened areas in the throat region. The size of the lesions vary, anything from 5mm square to larger than 10 x 2Omm.

To make a really accurate diagnosis we must actually find the parasite, and in freshly dead birds this is easy. There are numerous little trichs present in these ulcers under the yellow covering but often there is a fluid present in the crop and an examination of this will usually show plenty of the organisms. In the live bird a crop wash using a solution of saline gently warmed will produce the same results. Very often though the parasite can be missed, so it may be necessary to incubate part of the ulcer in saline solution overnight to demonstrate them the next day.

The disease can be confused with the fungal infection candidiasis, but to the experienced eye there are differences. What about treatment? Over the years I have found only one drug to be consistently successful - Emtryl soluble powder. Unfortunately the drug is some- what toxic. Watch the dose rate carefully. If in doubt, halve it. Never feed it to parents feeding babies in the nest as they drink excessive quantities of water and can take in a poisonous overdose. Symptoms of overdose are drunken behaviour, loss of balance, finally failing off the perch to convulse and die. Massive doses of vitamin B- Complex may help, but they are very hard to cure.   
Cheers